

GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		GREENWICH HEALTH CARE SERVICES, INC.
1	Affiliate Description	TO BENEFIT, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE GREENWICH HOSPITAL ASSOCIATION, OF GREENWICH, CT.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	5 PERRYRIDGE RD.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	FRANK CORVINO
9	CEO Title	PRESIDENT
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Hospital
12	CT Agent Company Street Address	5 PERRYRIDGE RD.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
B. AFFILIATE NAME		
		2015 MAIN STREET LLC
1	Affiliate Description	2015 MAIN STREET LLC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES, THIS ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY PERRYRIDGE CORPORATION, ITS SOLE MEMBER(OWNER).
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Rd.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Frank Corvino
11	CT Agent Company	Greenwich Hospital
12	CT Agent Company Street Address	5 Perryridge Rd.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
C. AFFILIATE NAME		
		900 KING STREET ASSOCIATES, LLC
1	Affiliate Description	Realty Holding Company
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Health Care Services, Inc
12	CT Agent Company Street Address	5 Perryridge Rd
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
D. AFFILIATE NAME		
		GH REALTY, LLC

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	GH REALTY IS A SINGLE MEMBER LIMITED LIABILITY COMPANY. FOR TAX PURPOSES, THIS ENTITY IS NOT RECOGNIZED AND ALL OF ITS FINANCIAL/TAX REPORTING IS DONE BY PERRYRIDGE CORPORATION, ITS SOLE MEMBER (OWNER).
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Rd.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah A. Hodys
11	CT Agent Company	Greenwich Healthcare Services
12	CT Agent Company Street Address	5 Perryridge Rd
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06878 -
E.	AFFILIATE NAME	GREENWICH AMBULATORY SURGERY CENTER, LLC
1	Affiliate Description	Outpatient surgery center.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
F.	AFFILIATE NAME	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC
1	Affiliate Description	Billing for clinical pathology services
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Rd
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Rd
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
G.	AFFILIATE NAME	GREENWICH ENDOSCOPY CENTER LLC
1	Affiliate Description	Company was set up but there has never been activity.
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	NA
9	CEO Title	NA
10	CT Agent Name	Michael Pych
11	CT Agent Company	Wiggin & Dana LLP
12	CT Agent Company Street Address	265 Church St
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
H. AFFILIATE NAME GREENWICH FERTILITY AND IVF CENTER, P.C.		
1	Affiliate Description	Physician Practice - Professional Billing
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Brian Doran MD
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
I. AFFILIATE NAME GREENWICH HEALTH SERVICES, INC.		
1	Affiliate Description	PROVIDE MANAGEMENT SERVICES TO MEDICAL/PROFESSIONAL CORP. IN DARIEN, RIVERSIDE, & RYE
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 PERRYRIDGE RD.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	NANCY LEVITT-ROSENTHAL
9	CEO Title	PRESIDENT
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 PERRYRIDGE RD.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
J. AFFILIATE NAME GREENWICH INTEGRATIVE MEDICINE, P. C.		
1	Affiliate Description	Physician practice, providing non-traditional medicine and related services
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Rd
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank A. Corvino
9	CEO Title	President
10	CT Agent Name	Deborah A. Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Rd

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
K. AFFILIATE NAME		
		GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.
1	Affiliate Description	Physician practice - serves business and international tavel. New Jersey P.C.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	5 Perryridge Raod
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 - 4697
8	CEO Name	Servando G. De Los Angeles II
9	CEO Title	President
10	CT Agent Name	National Corporate Research LTD
11	CT Agent Company	National Corporate Research Ltd.
12	CT Agent Company Street Address	14 Scenic Drive
13	CT Agent Town	Dayton
14	CT Agent State	New York
15	CT Agent Zip Code	08810 -
L. AFFILIATE NAME		
		GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.
1	Affiliate Description	Physician practice - serves business and international travel, and employee health. NYS Corporation.
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Brian Doran MD
9	CEO Title	CEO
10	CT Agent Name	A. Michael Marino M.D.
11	CT Agent Company	The Corporation
12	CT Agent Company Street Address	150 Purchase Street, Suite 13
13	CT Agent Town	Rye
14	CT Agent State	New York
15	CT Agent Zip Code	10580 -
M. AFFILIATE NAME		
		GREENWICH PATHOLOGY ASSOCIATES, LLC
1	Affiliate Description	Pathology Physician Group that serves Greenwich Hospital - billing anatomical laboratory services
2	Affiliate type of service	Medical Practices
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah A. Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Raod
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
N. AFFILIATE NAME		
		GREENWICH PEDIATRIC SERVICES, P. C.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	Physician Practice - Professional Billing
2	Affiliate type of service	Medical Practices
3	Tax Status	For Profit
4	Street Address	5 Perryridge Rd
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank A. Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
O. AFFILIATE NAME		
ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
1	Affiliate Description	A joint venture with ONS. GHCS has a 35% interest in the LLC.
2	Affiliate type of service	Ambulatory/OP Surgery Center
3	Tax Status	For Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	Frank Corvino
9	CEO Title	President
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Hospital
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
P. AFFILIATE NAME		
PERRYRIDGE CORPORATION		
1	Affiliate Description	REAL ESTATE MANAGEMENT SERVICES.
2	Affiliate type of service	Real Estate
3	Tax Status	Not for Profit
4	Street Address	5 PERRYRIDGE RD.
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -
8	CEO Name	FRANK CORVINO
9	CEO Title	PRESIDENT
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 PERRYRIDGE RD.
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
Q. AFFILIATE NAME		
THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
1	Affiliate Description	MANAGE AND ADMINISTER ENDOWMENT FUNDS AND DISBURSE TO OR FOR THE BENEFIT OF THE HOSPITAL, GHSI AND ANY OR ALL OF THEIR AFFILIATES.
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	5 Perryridge Road
5	Town	Greenwich
6	State	Connecticut
7	Zip Code	06830 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	Frank A. Corvino
9	CEO Title	President & CEO
10	CT Agent Name	Deborah Hodys
11	CT Agent Company	Greenwich Healthcare Services, Inc
12	CT Agent Company Street Address	5 Perryridge Road
13	CT Agent Town	Greenwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06830 -
R.	AFFILIATE NAME	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)
1	Affiliate Description	YNHHSC IS THE PARENT CORPORATION OF YNH NETWORK CORP., YNHHS MSO INC. WHICH ARE AFFILIATED WITH YALE-NEW HAVEN HOSP., AND BRIDGEPORT VERTICAL NETWORK AND GREENWICH VERTICAL NETWORK.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	789 Howard Avenue
5	Town	New Haven
6	State	Connecticut
7	Zip Code	06519 -
8	CEO Name	Marna P. Borgstrom
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	William J. Aseltyne
11	CT Agent Company	Yale New Haven Hospital, Inc
12	CT Agent Company Street Address	20 York St, CB-230
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
A. GREENWICH HOSPITAL			
1		Unrestricted	\$266,335,000
2		Temporarily Restricted by Donor	\$24,575,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$20,392,000
5		Intercompany Eliminations	\$0
		Total:	\$311,302,000
B. GREENWICH HEALTH CARE SERVICES, INC.			
1		Unrestricted	\$966,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$966,000
C. 2015 MAIN STREET LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
D. 900 KING STREET ASSOCIATES, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E. GH REALTY, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
F. GREENWICH AMBULATORY SURGERY CENTER, LLC			
1		Unrestricted	\$611,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$611,000)
		Total:	\$0
G. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

**GREENWICH HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
H. GREENWICH ENDOSCOPY CENTER LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
I. GREENWICH FERTILITY AND IVF CENTER, P.C.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J. GREENWICH HEALTH SERVICES, INC.			
1		Unrestricted	\$141,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$141,000)
		Total:	\$0
K. GREENWICH INTEGRATIVE MEDICINE, P. C.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
L. GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
M. GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
N. GREENWICH PATHOLOGY ASSOCIATES, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
O.	GREENWICH PEDIATRIC SERVICES, P. C.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
P.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Q.	PERRYRIDGE CORPORATION		
1		Unrestricted	\$29,715,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$29,715,000
R.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
1		Unrestricted	\$32,673,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$13,153,000
5		Intercompany Eliminations	(\$45,826,000)
		Total:	\$0
S.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHC)		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$388,561,000
	Intercompany Eliminations		(\$46,578,000)
	Total of all Affiliates	Fund Balance:	\$341,983,000

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011

**GREENWICH HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A.	GREENWICH HEALTH CARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
1		Clinical Services	09/30/2011	\$1,227,924
2		Transfer	09/30/2011	\$5,114,866
3		Fund Balance Transfer	09/30/2011	(\$6,342,790)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
B.	2015 MAIN STREET LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
C.	900 KING STREET ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
D.	GH REALTY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
G.	GREENWICH ENDOSCOPY CENTER LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
I.	GREENWICH HEALTH SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$0)
1		Management Fees	09/30/2011	\$16,157
2		Fund Balance Transfer	09/30/2011	(\$16,157)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$0)
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
N.	GREENWICH PEDIATRIC SERVICES, P. C.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
O.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC			

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$0
P.	PERRYRIDGE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	(\$79,071)
1		Management Fees	09/30/2011	\$33,228
2		Insurance	09/30/2011	\$43,812
3		Rent	09/30/2011	(\$1,054,356)
4		Transfer of Funds	09/30/2011	\$975,538
5		Maintenance Expenses	09/30/2011	\$664
6		Credit Card Fee	09/30/2011	(\$594)
		Ending Unconsolidated Intercompany Balance:	9/30/2011	(\$80,779)
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$6,474,300
1		Distribution	09/30/2011	\$2,352,000
2		Other Fees	09/30/2011	\$50,000
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$8,876,300
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2010	\$12,344,682
1		reverse prior years balance	10/01/2010	(\$12,344,682)
2		Salaries charged to Affiliate	09/30/2011	\$4,997,232
3		Travel	09/30/2011	\$68,914
4		Executive Retirement expense	09/30/2011	\$953,091
5		System Support Fee	09/30/2011	\$3,947,249
6		rebates from vendors	09/30/2011	(\$847,403)
7		workers comp expense	09/30/2011	\$988,002
8		HIPPA expense	09/30/2011	\$287,128
9		EPIC Meaningful Use Shared Expense	09/30/2011	\$943,169
10		Purchased Services from YNHHSC	09/30/2011	\$5,623,504
		Ending Unconsolidated Intercompany Balance:	9/30/2011	\$16,960,886
			Grand Total:	\$25,756,407

GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2010	\$0
A.	GREENWICH HEALTH CARE SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
B.	2015 MAIN STREET LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
C.	900 KING STREET ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
D.	GH REALTY, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
G.	GREENWICH ENDOSCOPY CENTER LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
I.	GREENWICH HEALTH SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2011	\$0

GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
N.	GREENWICH PEDIATRIC SERVICES, P. C.		Nothing to Report		\$0
			Total:	9/30/2011	\$0
O.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		Nothing to Report		\$0
			Total:	9/30/2011	\$0
P.	PERRYRIDGE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2011	\$0
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		Nothing to Report		\$0
			Total:	9/30/2011	\$0
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		Nothing to Report		\$0

GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Total:	9/30/2011	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2011	\$0

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. GREENWICH HEALTH CARE SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
B. 2015 MAIN STREET LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
C. 900 KING STREET ASSOCIATES, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
D. GH REALTY, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
E. GREENWICH AMBULATORY SURGERY CENTER, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
F. GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
G. GREENWICH ENDOSCOPY CENTER LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
H. GREENWICH FERTILITY AND IVF CENTER, P.C.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
I. GREENWICH HEALTH SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
J. GREENWICH INTEGRATIVE MEDICINE, P. C.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
K. GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
L. GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
M. GREENWICH PATHOLOGY ASSOCIATES, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
N. GREENWICH PEDIATRIC SERVICES, P. C.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
O. ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
P. PERRYRIDGE CORPORATION			
1	RENTAL INCOME	\$2,890,239	09/30/2011
2	DEPRECIATION	\$1,360,000	09/30/2011
	Total:	\$4,250,239	9/30/2011
Q. THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011

GREENWICH HOSPITAL
 ANNUAL REPORTING
 FISCAL YEAR 2011

REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2011
	Grand Total:	\$4,250,239	9/30/2011

**GREENWICH HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	GREENWICH HEALTH CARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	2015 MAIN STREET LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	900 KING STREET ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	GH REALTY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	GREENWICH AMBULATORY SURGERY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	GREENWICH ENDOSCOPY CENTER LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	GREENWICH FERTILITY AND IVF CENTER, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	GREENWICH HEALTH SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	GREENWICH INTEGRATIVE MEDICINE, P. C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.		

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	GREENWICH PATHOLOGY ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	GREENWICH PEDIATRIC SERVICES, P. C.		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	PERRYRIDGE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	YALE-NEW HAVE HEALTH SERVICES CORP (YNHSC)		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$989,446.00	\$1,021,437.00	\$31,991.00	3%
1	Donations	\$510,627.00	\$645,286.00	\$134,659.00	26%
2	Income	\$101,202.00	\$87,723.00	(\$13,479.00)	-13%
3	Expenditures	\$579,838.00	\$632,893.00	\$53,055.00	9%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$1,021,437.00	\$1,121,553.00	\$100,116.00	10%
5	Projected Interest Income	\$75,000.00	\$87,000.00	\$12,000.00	16%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

GREENWICH HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
1	Belding & Blackford Fund	\$48,004.30
2	Belding & Blackford Fund	\$22,554.20
3	Belding & Blackford Fund	\$37,855.22
4	Belding & Blackford Fund	\$2,953.12
5	Belding & Blackford Fund	\$18,288.07
6	Belding & Blackford Fund	\$25,177.78
7	Belding & Blackford Fund	\$12,219.76
8	Belding & Blackford Fund	\$2,186.12
9	Belding & Blackford Fund	\$850.13
10	Belding & Blackford Fund	\$8,128.44
11	Belding & Blackford Fund	\$5,749.22
12	Belding & Blackford Fund	\$21,321.02
13	Belding & Blackford Fund	\$5,897.67
14	Belding & Blackford Fund	\$1,124.43
15	Belding & Blackford Fund	\$49,376.11
16	Belding & Blackford Fund	\$34,351.83
17	Belding & Blackford Fund	\$17,168.23
18	Belding & Blackford Fund	\$15,095.28
19	Belding & Blackford Fund	\$30,756.88
20	Belding & Blackford Fund	\$41,309.26
21	Belding & Blackford Fund	\$11,056.52
22	Belding & Blackford Fund	\$16,981.88
23	Belding & Blackford Fund	\$2,692.80
24	Belding & Blackford Fund	\$30,594.68
25	Belding & Blackford Fund	\$6,780.03
26	Belding & Blackford Fund	\$12,757.99
27	Belding & Blackford Fund	\$18,293.60
28	Belding & Blackford Fund	\$11,895.24
29	Belding & Blackford Fund	\$62,993.25
30	Belding & Blackford Fund	\$25,113.90
31	Belding & Blackford Fund	\$18,629.95
32	Belding & Blackford Fund	\$571.25
33	Belding & Blackford Fund	\$4,803.28
34	Belding & Blackford Fund	\$470.20
35	Belding & Blackford Fund	\$7,726.65
36	Belding & Blackford Fund	\$314.50
37	Belding & Blackford Fund	\$4,733.93
38	Belding & Blackford Fund	\$360.00
39	Belding & Blackford Fund	\$6,337.37
40	Belding & Blackford Fund	\$2,332.95
41	Belding & Blackford Fund	\$4,366.05
42	Belding & Blackford Fund	\$6,408.96
43	Belding & Blackford Fund	\$12,454.29
44	Belding & Blackford Fund	\$5,478.62
45	Belding & Blackford Fund	\$708.74
46	Belding & Blackford Fund	\$6,471.10
47	Belding & Blackford Fund	\$1,424.57
48	Belding & Blackford Fund	\$3,490.55
49	Belding & Blackford Fund	\$4,488.80
50	Belding & Blackford Fund	\$9,258.67
51	Belding & Blackford Fund	\$7,261.18
52	Belding & Blackford Fund	\$2,092.03
53	Belding & Blackford Fund	\$6,060.42
54	Belding & Blackford Fund	\$13,135.23

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
55	Belding & Blackford Fund	\$17,983.53
56	Belding & Blackford Fund	\$9,660.70
57	Belding & Blackford Fund	\$10,895.82
58	Belding & Blackford Fund	\$2,012.29
59	Belding & Blackford Fund	\$7,295.82
60	Belding & Blackford Fund	\$323.13
61	Belding & Blackford Fund	\$8,823.00
62	Belding & Blackford Fund	\$5,983.66
63	Belding & Blackford Fund	\$2,710.49
64	Endowed Bed & Room Fund	\$11,554.18
65	Endowed Bed & Room Fund	\$9,441.63
66	Endowed Bed & Room Fund	\$1,000.00
67	Endowed Bed & Room Fund	\$12,508.71
68	Endowed Bed & Room Fund	\$400.00
69	Endowed Bed & Room Fund	\$500.00
70	Endowed Bed & Room Fund	\$5,775.31
71	Endowed Bed & Room Fund	\$500.00
72	Endowed Bed & Room Fund	\$1,250.00
73	Endowed Bed & Room Fund	\$694.75
74	Endowed Bed & Room Fund	\$230.00
75	Endowed Bed & Room Fund	\$9,188.58
76	Endowed Bed & Room Fund	\$1,764.75
77	Endowed Bed & Room Fund	\$1,127.11
78	Endowed Bed & Room Fund	\$400.00
79	Endowed Bed & Room Fund	\$1,905.01
80	Endowed Bed & Room Fund	\$1,000.00
81	Endowed Bed & Room Fund	\$1,726.31
82	Endowed Bed & Room Fund	\$100.00
83	Endowed Bed & Room Fund	\$12,827.29
84	Endowed Bed & Room Fund	\$875.00
85	Endowed Bed & Room Fund	\$895.55
86	Endowed Bed & Room Fund	\$1,100.00
87	Endowed Bed & Room Fund	\$275.00
88	Endowed Bed & Room Fund	\$200.00
89	Endowed Bed & Room Fund	\$800.00
90	Endowed Bed & Room Fund	\$5,952.83
91	Endowed Bed & Room Fund	\$1,950.00
92	Endowed Bed & Room Fund	\$125.00
93	Endowed Bed & Room Fund	\$1,075.88
94	Endowed Bed & Room Fund	\$1,000.00
95	Endowed Bed & Room Fund	\$8,605.32
96	Endowed Bed & Room Fund	\$1,187.41
97	Endowed Bed & Room Fund	\$371.75
98	Endowed Bed & Room Fund	\$343.66
99	Endowed Bed & Room Fund	\$1,000.00
100	Endowed Bed & Room Fund	\$1,100.00
101	Endowed Bed & Room Fund	\$350.00
102	Endowed Bed & Room Fund	\$877.47
103	Endowed Bed & Room Fund	\$1,225.00
104	Endowed Bed & Room Fund	\$4,980.24
105	Endowed Bed & Room Fund	\$436.80
106	Endowed Bed & Room Fund	\$539.98
107	Endowed Bed & Room Fund	\$2,000.00
108	Endowed Bed & Room Fund	\$1,162.20

GREENWICH HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
109	Endowed Bed & Room Fund	\$9,635.46
110	Endowed Bed & Room Fund	\$1,160.30
111	Endowed Bed & Room Fund	\$2,500.00
112	Endowed Bed & Room Fund	\$1,250.00
113	Endowed Bed & Room Fund	\$725.84
114	Endowed Bed & Room Fund	\$350.00
115	Endowed Bed & Room Fund	\$617.34
116	Endowed Bed & Room Fund	\$2,232.00
117	Endowed Bed & Room Fund	\$645.00
118	Endowed Bed & Room Fund	\$1,712.78
119	Endowed Bed & Room Fund	\$1,209.56
120	Endowed Bed & Room Fund	\$380.00
121	Endowed Bed & Room Fund	\$1,100.00
122	Endowed Bed & Room Fund	\$2,246.89
123	Endowed Bed & Room Fund	\$590.60
124	Endowed Bed & Room Fund	\$1,038.96
125	Endowed Bed & Room Fund	\$3,848.49
126	Endowed Bed & Room Fund	\$1,603.99
127	Endowed Bed & Room Fund	\$3,472.43
128	Endowed Bed & Room Fund	\$2,130.00
129	Endowed Bed & Room Fund	\$3,441.98
130	Endowed Bed & Room Fund	\$748.17
131	Endowed Bed & Room Fund	\$4,122.32
132	Endowed Bed & Room Fund	\$791.53
133	Endowed Bed & Room Fund	\$500.00
134	Endowed Bed & Room Fund	\$1,050.00
135	Endowed Bed & Room Fund	\$2,408.78
136	Endowed Bed & Room Fund	\$942.40
137	Endowed Bed & Room Fund	\$3,440.00
138	Endowed Bed & Room Fund	\$2,075.74
139	Endowed Bed & Room Fund	\$450.27
140	Endowed Bed & Room Fund	\$251.12
141	Endowed Bed & Room Fund	\$2,308.03
142	Endowed Bed & Room Fund	\$1,912.51
143	Endowed Bed & Room Fund	\$2,346.40
144	Endowed Bed & Room Fund	\$638.96
145	Endowed Bed & Room Fund	\$1,775.00
146	Endowed Bed & Room Fund	\$1,151.50
147	Endowed Bed & Room Fund	\$1,256.00
148	Endowed Bed & Room Fund	\$2,029.69
149	Endowed Bed & Room Fund	\$14,681.07
150	Endowed Bed & Room Fund	\$1,650.00
151	Endowed Bed & Room Fund	\$2,255.41
152	Endowed Bed & Room Fund	\$900.00
153	Endowed Bed & Room Fund	\$1,050.00
154	Endowed Bed & Room Fund	\$294.50
155	Endowed Bed & Room Fund	\$750.00
156	Endowed Bed & Room Fund	\$2,194.39
157	Endowed Bed & Room Fund	\$1,130.00
158	Endowed Bed & Room Fund	\$378.72
159	Endowed Bed & Room Fund	\$1,339.71
160	Endowed Bed & Room Fund	\$1,250.00
161	Endowed Bed & Room Fund	\$588.60
162	Endowed Bed & Room Fund	\$1,300.00

GREENWICH HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
163	Endowed Bed & Room Fund	\$7,536.81
164	Endowed Bed & Room Fund	\$1,142.93
165	Endowed Bed & Room Fund	\$1,000.00
166	Endowed Bed & Room Fund	\$1,052.30
167	Endowed Bed & Room Fund	\$250.00
168	Endowed Bed & Room Fund	\$3,030.00
169	Endowed Bed & Room Fund	\$1,138.96
170	Endowed Bed & Room Fund	\$675.00
171	Endowed Bed & Room Fund	\$657.59
172	Endowed Bed & Room Fund	\$548.39
173	Endowed Bed & Room Fund	\$660.00
174	Endowed Bed & Room Fund	\$5.00
175	Endowed Bed & Room Fund	\$110.00
176	Endowed Bed & Room Fund	\$1,040.00
177	Endowed Bed & Room Fund	\$16,396.04
178	Endowed Bed & Room Fund	\$1,100.00
179	Endowed Bed & Room Fund	\$591.90
180	Endowed Bed & Room Fund	\$851.95
181	Endowed Bed & Room Fund	\$1,567.04
182	Endowed Bed & Room Fund	\$1,460.89
183	Endowed Bed & Room Fund	\$6,790.99
184	Endowed Bed & Room Fund	\$1,045.90
185	Endowed Bed & Room Fund	\$364.79
186	Endowed Bed & Room Fund	\$1,225.00
187	Endowed Bed & Room Fund	\$1,132.00
188	Endowed Bed & Room Fund	\$7,938.68
189	Endowed Bed & Room Fund	\$1,100.00
190	Endowed Bed & Room Fund	\$1,003.88
191	Endowed Bed & Room Fund	\$1,427.40
192	Endowed Bed & Room Fund	\$1,150.84
193	Endowed Bed & Room Fund	\$936.78
194	Endowed Bed & Room Fund	\$799.34
195	Endowed Bed & Room Fund	\$2,453.01
196	Endowed Bed & Room Fund	\$2,644.68
197	Endowed Bed & Room Fund	\$755.07
198	Endowed Bed & Room Fund	\$922.90
199	Endowed Bed & Room Fund	\$1,121.86
200	Endowed Bed & Room Fund	\$1,817.65
201	Endowed Bed & Room Fund	\$370.54
202	Endowed Bed & Room Fund	\$957.36
203	Endowed Bed & Room Fund	\$629.64
204	Endowed Bed & Room Fund	\$405.00
205	Endowed Bed & Room Fund	\$894.09
206	Endowed Bed & Room Fund	\$133.00
207	Endowed Bed & Room Fund	\$274.14
208	Endowed Bed & Room Fund	\$100.00
209	Endowed Bed & Room Fund	\$615.88
210	Endowed Bed & Room Fund	\$504.42
211	Endowed Bed & Room Fund	\$420.79
212	Endowed Bed & Room Fund	\$2,828.08
213	Endowed Bed & Room Fund	\$1,841.08
214	Endowed Bed & Room Fund	\$1,450.98
215	Endowed Bed & Room Fund	\$244.48
216	Endowed Bed & Room Fund	\$562.37

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
217	Endowed Bed & Room Fund	\$2,540.31
218	Endowed Bed & Room Fund	\$5,415.98
219	Endowed Bed & Room Fund	\$542.09
220	Endowed Bed & Room Fund	\$1,709.88
221	Endowed Bed & Room Fund	\$75.00
222	Endowed Bed & Room Fund	\$300.00
223	Endowed Bed & Room Fund	\$1,009.60
224	Endowed Bed & Room Fund	\$1,697.57
225	Endowed Bed & Room Fund	\$574.00
226	Endowed Bed & Room Fund	\$1,427.01
227	Endowed Bed & Room Fund	\$214.01
228	Endowed Bed & Room Fund	\$550.61
229	Endowed Bed & Room Fund	\$365.63
230	Endowed Bed & Room Fund	\$632.41
231	Endowed Bed & Room Fund	\$853.83
232	Endowed Bed & Room Fund	\$508.02
233	Endowed Bed & Room Fund	\$2,082.70
234	Endowed Bed & Room Fund	\$840.43
235	Endowed Bed & Room Fund	\$1,104.63
236	Endowed Bed & Room Fund	\$371.15
237	Endowed Bed & Room Fund	\$1,460.78
238	Endowed Bed & Room Fund	\$189.24
239	Endowed Bed & Room Fund	\$499.79
240	Endowed Bed & Room Fund	\$288.56
241	Endowed Bed & Room Fund	\$545.74
242	Endowed Bed & Room Fund	\$1,634.65
243	Endowed Bed & Room Fund	\$438.48
244	Endowed Bed & Room Fund	\$1,078.40
245	Endowed Bed & Room Fund	\$2,027.99
246	Endowed Bed & Room Fund	\$1,375.94
247	Endowed Bed & Room Fund	\$2,084.20
248	Endowed Bed & Room Fund	\$1,216.87
249	Endowed Bed & Room Fund	\$758.57
250	Endowed Bed & Room Fund	\$2,669.84
251	Endowed Bed & Room Fund	\$3,340.48
252	Endowed Bed & Room Fund	\$2,000.00
253	Endowed Bed & Room Fund	\$210.40
254	Endowed Bed & Room Fund	\$1,411.38
255	Endowed Bed & Room Fund	\$1,121.43
256	Endowed Bed & Room Fund	\$264.00
257	Endowed Bed & Room Fund	\$246.04
258	Endowed Bed & Room Fund	\$330.59
259	Endowed Bed & Room Fund	\$707.06
260	Endowed Bed & Room Fund	\$13,808.31
261	Endowed Bed & Room Fund	\$1,303.06
262	Endowed Bed & Room Fund	\$175.75
263	Endowed Bed & Room Fund	\$1,248.64
264	Endowed Bed & Room Fund	\$554.32
265	Endowed Bed & Room Fund	\$2,871.59
266	Endowed Bed & Room Fund	\$1,549.08
267	Endowed Bed & Room Fund	\$750.00
268	Endowed Bed & Room Fund	\$2,574.21
269	Endowed Bed & Room Fund	\$554.87
270	Endowed Bed & Room Fund	\$566.02

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
271	Endowed Bed & Room Fund	\$2,625.41
272	Endowed Bed & Room Fund	\$655.27
273	Endowed Bed & Room Fund	\$1,689.42
274	Endowed Bed & Room Fund	\$3,777.08
275	Endowed Bed & Room Fund	\$2,630.03
276	Endowed Bed & Room Fund	\$1,819.22
277	Endowed Bed & Room Fund	\$639.16
278	Endowed Bed & Room Fund	\$1,847.51
279	Endowed Bed & Room Fund	\$938.79
280	Endowed Bed & Room Fund	\$1,024.85
281	Endowed Bed & Room Fund	\$602.49
282	Endowed Bed & Room Fund	\$1,646.96
283	Endowed Bed & Room Fund	\$1,134.10
284	Endowed Bed & Room Fund	\$4,196.00
285	Endowed Bed & Room Fund	\$808.59
286	Endowed Bed & Room Fund	\$640.60
287	Endowed Bed & Room Fund	\$406.67
288	Endowed Bed & Room Fund	\$196.83
289	Endowed Bed & Room Fund	\$2,480.77
290	Endowed Bed & Room Fund	\$75.17
291	Endowed Bed & Room Fund	\$200.00
292	Endowed Bed & Room Fund	\$1,289.83
293	Endowed Bed & Room Fund	\$1,665.99
294	Endowed Bed & Room Fund	\$783.32
295	Endowed Bed & Room Fund	\$645.36
296	Endowed Bed & Room Fund	\$2,475.03
297	Endowed Bed & Room Fund	\$2,042.83
298	Endowed Bed & Room Fund	\$2,620.38
299	Endowed Bed & Room Fund	\$636.32
300	Endowed Bed & Room Fund	\$1,140.96
301	Endowed Bed & Room Fund	\$1,724.23
302	Endowed Bed & Room Fund	\$787.00
303	Endowed Bed & Room Fund	\$1,095.85
304	Endowed Bed & Room Fund	\$807.68
305	Endowed Bed & Room Fund	\$894.20
306	Endowed Bed & Room Fund	\$700.00
307	Endowed Bed & Room Fund	\$1,480.00
308	Endowed Bed & Room Fund	\$254.42
309	Endowed Bed & Room Fund	\$1,193.37
310	Endowed Bed & Room Fund	\$510.66
311	Endowed Bed & Room Fund	\$422.21
312	Endowed Bed & Room Fund	\$469.28
313	Endowed Bed & Room Fund	\$2,250.00
314	Endowed Bed & Room Fund	\$345.23
315	Endowed Bed & Room Fund	\$281.26
316	Endowed Bed & Room Fund	\$271.16
317	Endowed Bed & Room Fund	\$1,643.12
318	Endowed Bed & Room Fund	\$484.27
319	Endowed Bed & Room Fund	\$1,817.78
320	Endowed Bed & Room Fund	\$1,322.92
321	Endowed Bed & Room Fund	\$1,410.16
322	Endowed Bed & Room Fund	\$1,236.47
323	Endowed Bed & Room Fund	\$590.64
324	Endowed Bed & Room Fund	\$290.00

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
325	Endowed Bed & Room Fund	\$349.57
326	Endowed Bed & Room Fund	\$751.37
327	Endowed Bed & Room Fund	\$913.00
328	Endowed Bed & Room Fund	\$2,426.42
329	Endowed Bed & Room Fund	\$553.94
330	Endowed Bed & Room Fund	\$522.60
331	Endowed Bed & Room Fund	\$339.10
332	Endowed Bed & Room Fund	\$0.00
333	Endowed Bed & Room Fund	\$421.00
334	Endowed Bed & Room Fund	\$306.04
335	Endowed Bed & Room Fund	\$753.64
336	Endowed Bed & Room Fund	\$125.28
337	Endowed Bed & Room Fund	\$2,856.50
338	Endowed Bed & Room Fund	\$2,173.75
339	Endowed Bed & Room Fund	\$394.00
340	Endowed Bed & Room Fund	\$454.74
341	Endowed Bed & Room Fund	\$575.00
342	Endowed Bed & Room Fund	\$1,167.05
343	Endowed Bed & Room Fund	\$570.94
344	Endowed Bed & Room Fund	\$2,070.50
345	Endowed Bed & Room Fund	\$437.26
346	Endowed Bed & Room Fund	\$84.03
347	Endowed Bed & Room Fund	\$1,951.70
348	Endowed Bed & Room Fund	\$629.37
349	Endowed Bed & Room Fund	\$570.19
350	Endowed Bed & Room Fund	\$150.00
351	Endowed Bed & Room Fund	\$359.26
352	Endowed Bed & Room Fund	\$2,703.05
353	Endowed Bed & Room Fund	\$35.07
354	Endowed Bed & Room Fund	\$1,089.14
355	Endowed Bed & Room Fund	\$530.89
356	Endowed Bed & Room Fund	\$9,948.15
357	Endowed Bed & Room Fund	\$1,688.10
358	Endowed Bed & Room Fund	\$391.70
359	Endowed Bed & Room Fund	\$2,559.84
360	Endowed Bed & Room Fund	\$707.94
361	Endowed Bed & Room Fund	\$871.88
362	Endowed Bed & Room Fund	\$3,020.26
363	Endowed Bed & Room Fund	\$6,970.21
364	Endowed Bed & Room Fund	\$183.05
365	Endowed Bed & Room Fund	\$1,017.26
366	Endowed Bed & Room Fund	\$335.90
367	Endowed Bed & Room Fund	\$837.47
368	Endowed Bed & Room Fund	\$1,294.55
369	Endowed Bed & Room Fund	\$1,241.79
370	Endowed Bed & Room Fund	\$551.26
371	Endowed Bed & Room Fund	\$412.23
372	Endowed Bed & Room Fund	\$739.65
373	Endowed Bed & Room Fund	\$142.34
374	Endowed Bed & Room Fund	\$595.99
375	Endowed Bed & Room Fund	\$974.41
376	Endowed Bed & Room Fund	\$580.56
377	Endowed Bed & Room Fund	\$590.21
378	Endowed Bed & Room Fund	\$3,192.09

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ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
379	Endowed Bed & Room Fund	\$217.70
380	Endowed Bed & Room Fund	\$1,025.93
381	Endowed Bed & Room Fund	\$810.64
382	Endowed Bed & Room Fund	\$181.20
383	Endowed Bed & Room Fund	\$1,025.63
384	Endowed Bed & Room Fund	\$411.72
385	Endowed Bed & Room Fund	\$1,260.99
386	Endowed Bed & Room Fund	\$1,897.28
387	Endowed Bed & Room Fund	\$560.84
388	Endowed Bed & Room Fund	\$2,237.96
389	Endowed Bed & Room Fund	\$1,650.00
390	Endowed Bed & Room Fund	\$496.65
391	Endowed Bed & Room Fund	\$840.47
392	Endowed Bed & Room Fund	\$408.00
393	Endowed Bed & Room Fund	\$1,706.72
394	Endowed Bed & Room Fund	\$301.10
395	Endowed Bed & Room Fund	(\$70.00)
396	Endowed Bed & Room Fund	\$1,305.04
397	Endowed Bed & Room Fund	\$1,094.83
398	Endowed Bed & Room Fund	\$450.07
399	Endowed Bed & Room Fund	\$214.84
400	Endowed Bed & Room Fund	\$249.41
401	Endowed Bed & Room Fund	\$1,612.69
402	Endowed Bed & Room Fund	\$1,909.54
403	Endowed Bed & Room Fund	\$3,102.67
404	Endowed Bed & Room Fund	\$1,392.72
405	Endowed Bed & Room Fund	\$3,242.04
406	Endowed Bed & Room Fund	\$6,855.68
407	Endowed Bed & Room Fund	\$465.00
408	Endowed Bed & Room Fund	\$1,729.44
409	Endowed Bed & Room Fund	\$1,293.78
410	Endowed Bed & Room Fund	\$3,507.96
411	Endowed Bed & Room Fund	\$1,294.72
412	Endowed Bed & Room Fund	\$264.51
413	Endowed Bed & Room Fund	\$2,934.08
414	Endowed Bed & Room Fund	\$137.00
415	Endowed Bed & Room Fund	\$2,380.00
416	Endowed Bed & Room Fund	\$785.05
417	Endowed Bed & Room Fund	\$117.48
418	Endowed Bed & Room Fund	\$2,208.78
419	Endowed Bed & Room Fund	\$172.65
420	Endowed Bed & Room Fund	\$3,999.99
421	Endowed Bed & Room Fund	\$933.88
422	Endowed Bed & Room Fund	\$1,106.49
423	Endowed Bed & Room Fund	\$897.48
424	Endowed Bed & Room Fund	\$3,608.30
425	Endowed Bed & Room Fund	\$351.09
426	Endowed Bed & Room Fund	\$1,620.15
427	Endowed Bed & Room Fund	\$114.79
428	Endowed Bed & Room Fund	\$580.28
429	Endowed Bed & Room Fund	\$438.50
430	Endowed Bed & Room Fund	\$1,623.82
431	Endowed Bed & Room Fund	\$4,766.91
432	Endowed Bed & Room Fund	\$1,451.24

GREENWICH HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
433	Endowed Bed & Room Fund	\$204.30
434	Endowed Bed & Room Fund	\$1,336.61
435	Endowed Bed & Room Fund	\$663.03
436	Endowed Bed & Room Fund	\$2,750.00
437	Endowed Bed & Room Fund	\$62.17
438	Endowed Bed & Room Fund	\$2,492.58
439	Endowed Bed & Room Fund	\$2,927.42
440	Endowed Bed & Room Fund	\$569.00
441	Endowed Bed & Room Fund	\$2,664.40
442	Endowed Bed & Room Fund	\$482.59
443	Endowed Bed & Room Fund	\$741.15
444	Endowed Bed & Room Fund	\$3,046.44
445	Endowed Bed & Room Fund	\$2,744.28
446	Endowed Bed & Room Fund	\$3,359.54
447	Endowed Bed & Room Fund	\$667.40
448	Endowed Bed & Room Fund	\$1,351.56
449	Endowed Bed & Room Fund	\$607.98
450	Endowed Bed & Room Fund	\$100.00
451	Endowed Bed & Room Fund	\$360.00
452	Endowed Bed & Room Fund	\$450.06
453	Endowed Bed & Room Fund	\$917.12
454	Endowed Bed & Room Fund	\$1,156.46
455	Endowed Bed & Room Fund	\$569.58
456	Endowed Bed & Room Fund	\$693.51
457	Endowed Bed & Room Fund	\$1,180.89
458	Endowed Bed & Room Fund	\$2,000.00
459	Endowed Bed & Room Fund	\$555.38
460	Endowed Bed & Room Fund	\$1,609.65
461	Endowed Bed & Room Fund	\$270.00
462	Endowed Bed & Room Fund	\$2,897.03
463	Endowed Bed & Room Fund	\$441.31
464	Endowed Bed & Room Fund	\$1,444.93
465	Endowed Bed & Room Fund	\$1,196.00
466	Endowed Bed & Room Fund	\$4,148.98
467	Endowed Bed & Room Fund	\$177.50
468	Endowed Bed & Room Fund	\$1,837.62
469	Endowed Bed & Room Fund	\$689.60
470	Endowed Bed & Room Fund	\$559.60
471	Endowed Bed & Room Fund	\$1,597.68
472	Endowed Bed & Room Fund	\$408.58
473	Endowed Bed & Room Fund	\$250.76
474	Endowed Bed & Room Fund	\$722.06
475	Endowed Bed & Room Fund	\$489.35
476	Endowed Bed & Room Fund	\$1,346.24
477	Endowed Bed & Room Fund	\$1,515.01
478	Endowed Bed & Room Fund	\$752.12
479	Endowed Bed & Room Fund	\$1,126.99
480	Endowed Bed & Room Fund	\$890.00
481	Endowed Bed & Room Fund	\$3,271.77
482	Endowed Bed & Room Fund	\$2,028.20
483	Endowed Bed & Room Fund	\$662.02
484	Endowed Bed & Room Fund	\$174.39
485	Endowed Bed & Room Fund	\$222.11
486	Endowed Bed & Room Fund	\$2,053.20

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
487	Endowed Bed & Room Fund	\$978.00
488	Endowed Bed & Room Fund	\$3,575.80
489	Endowed Bed & Room Fund	\$1,499.95
490	Endowed Bed & Room Fund	\$954.00
491	Endowed Bed & Room Fund	\$1,207.90
492	Endowed Bed & Room Fund	\$1,063.99
493	Endowed Bed & Room Fund	\$4,474.47
494	Endowed Bed & Room Fund	\$4,895.61
495	Endowed Bed & Room Fund	\$2,649.12
496	Endowed Bed & Room Fund	\$665.89
497	Endowed Bed & Room Fund	\$1,467.00
498	Endowed Bed & Room Fund	\$676.62
499	Endowed Bed & Room Fund	\$419.07
500	Endowed Bed & Room Fund	\$2,051.26
501	Endowed Bed & Room Fund	\$1,447.94
502	Endowed Bed & Room Fund	\$105.00
503	Endowed Bed & Room Fund	\$586.20
504	Endowed Bed & Room Fund	\$945.31
505	Endowed Bed & Room Fund	\$1,214.43
506	Endowed Bed & Room Fund	\$798.51
507	Endowed Bed & Room Fund	\$1,209.48
508	Endowed Bed & Room Fund	\$390.34
509	Endowed Bed & Room Fund	\$1,256.89
510	Endowed Bed & Room Fund	\$470.09
511	Endowed Bed & Room Fund	\$4,582.47
512	Endowed Bed & Room Fund	\$117.89
513	Endowed Bed & Room Fund	\$4,348.92
514	Endowed Bed & Room Fund	\$3,540.49
515	Endowed Bed & Room Fund	\$720.00
516	Endowed Bed & Room Fund	\$74.86
517	Endowed Bed & Room Fund	\$180.00
518	Endowed Bed & Room Fund	\$593.00
519	Endowed Bed & Room Fund	\$2,788.35
520	Endowed Bed & Room Fund	\$159.58
521	Endowed Bed & Room Fund	\$459.55
522	Endowed Bed & Room Fund	\$376.30
523	Endowed Bed & Room Fund	\$2,252.45
524	Endowed Bed & Room Fund	\$449.96
525	Endowed Bed & Room Fund	\$2,690.63
526	Endowed Bed & Room Fund	\$2,388.64
527	Endowed Bed & Room Fund	\$1,485.87
528	Endowed Bed & Room Fund	\$170.00
529	Endowed Bed & Room Fund	\$944.48
530	Endowed Bed & Room Fund	\$1,575.07
531	Endowed Bed & Room Fund	\$343.22
532	Endowed Bed & Room Fund	\$3,913.36
533	Endowed Bed & Room Fund	\$1,716.48
534	Endowed Bed & Room Fund	\$964.12
535	Endowed Bed & Room Fund	\$3,675.96
536	Endowed Bed & Room Fund	\$441.83
537	Endowed Bed & Room Fund	\$300.00
538	Endowed Bed & Room Fund	\$665.39
539	Endowed Bed & Room Fund	\$1,897.54
540	Endowed Bed & Room Fund	\$648.54

GREENWICH HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
541	Endowed Bed & Room Fund	\$1,215.24
542	Endowed Bed & Room Fund	\$1,131.55
543	Endowed Bed & Room Fund	\$951.40
544	Endowed Bed & Room Fund	\$142.92
545	Endowed Bed & Room Fund	\$830.00
546	Endowed Bed & Room Fund	\$67.24
547	Endowed Bed & Room Fund	\$350.00
548	Endowed Bed & Room Fund	\$1,466.34
549	Endowed Bed & Room Fund	\$935.50
550	Endowed Bed & Room Fund	\$1,563.19
551	Endowed Bed & Room Fund	\$2,279.58
552	Endowed Bed & Room Fund	\$1,023.65
553	Endowed Bed & Room Fund	\$6,491.64
554	Endowed Bed & Room Fund	\$534.00
555	Endowed Bed & Room Fund	\$1,429.83
556	Endowed Bed & Room Fund	\$3,917.60
557	Endowed Bed & Room Fund	\$794.50
558	Endowed Bed & Room Fund	\$1,104.18
559	Endowed Bed & Room Fund	\$150.00
560	Endowed Bed & Room Fund	\$1,683.67
561	Endowed Bed & Room Fund	\$653.46
562	Endowed Bed & Room Fund	\$22.15
563	Endowed Bed & Room Fund	\$539.75
564	Endowed Bed & Room Fund	\$541.21
565	Endowed Bed & Room Fund	\$2,200.00
566	Endowed Bed & Room Fund	\$400.00
567	Endowed Bed & Room Fund	\$2,540.01
568	Endowed Bed & Room Fund	\$659.95
569	Endowed Bed & Room Fund	\$873.45
570	Endowed Bed & Room Fund	\$1,424.52
571	Endowed Bed & Room Fund	\$1,374.80
572	Endowed Bed & Room Fund	\$698.20
573	Endowed Bed & Room Fund	\$20.00
574	Endowed Bed & Room Fund	\$3,120.99
575	Endowed Bed & Room Fund	\$472.76
576	Endowed Bed & Room Fund	\$920.85
577	Endowed Bed & Room Fund	\$3,855.77
578	Endowed Bed & Room Fund	\$715.47
579	Endowed Bed & Room Fund	\$1,133.97
580	Endowed Bed & Room Fund	\$695.01
581	Endowed Bed & Room Fund	\$2,732.60
582	Endowed Bed & Room Fund	\$494.01
583	Endowed Bed & Room Fund	\$1,377.14
584	Endowed Bed & Room Fund	\$2,139.51
585	Endowed Bed & Room Fund	\$10,929.92
586	Endowed Bed & Room Fund	\$1,837.85
587	Endowed Bed & Room Fund	\$1,992.55
588	Endowed Bed & Room Fund	\$470.00
589	Endowed Bed & Room Fund	\$1,973.32
590	Endowed Bed & Room Fund	\$1,200.50
591	Endowed Bed & Room Fund	\$4,429.53
592	Endowed Bed & Room Fund	\$1,025.54
593	Endowed Bed & Room Fund	\$951.94
594	Endowed Bed & Room Fund	\$150.18

GREENWICH HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
595	Endowed Bed & Room Fund	\$1,467.74
596	Endowed Bed & Room Fund	\$1,325.61
597	Endowed Bed & Room Fund	\$2,675.99
598	Endowed Bed & Room Fund	\$1,992.30
599	Endowed Bed & Room Fund	\$2,290.95
600	Endowed Bed & Room Fund	\$2,839.02
601	Endowed Bed & Room Fund	\$548.49
602	Endowed Bed & Room Fund	\$89.94
603	Endowed Bed & Room Fund	\$2,671.32
604	Endowed Bed & Room Fund	\$956.62
605	Endowed Bed & Room Fund	\$903.43
606	Endowed Bed & Room Fund	\$2,169.07
607	Endowed Bed & Room Fund	\$731.00
608	Endowed Bed & Room Fund	\$3,211.22
609	Endowed Bed & Room Fund	\$165.62
610	Endowed Bed & Room Fund	\$1,075.40
611	Endowed Bed & Room Fund	\$2,322.44
612	Endowed Bed & Room Fund	\$1,341.26
613	Endowed Bed & Room Fund	\$1,248.53
614	Endowed Bed & Room Fund	\$980.75
615	Endowed Bed & Room Fund	\$303.22
616	Endowed Bed & Room Fund	\$326.10
617	Endowed Bed & Room Fund	\$826.39
618	Endowed Bed & Room Fund	\$809.13
619	Endowed Bed & Room Fund	\$1,834.07
620	Endowed Bed & Room Fund	\$1,051.58
621	Endowed Bed & Room Fund	\$1,389.92
622	Endowed Bed & Room Fund	\$1,130.30
623	Endowed Bed & Room Fund	\$1,250.00
624	Endowed Bed & Room Fund	\$994.41
625	Endowed Bed & Room Fund	\$108.38
626	Endowed Bed & Room Fund	\$2,032.30
627	Endowed Bed & Room Fund	\$2,962.44
628	Endowed Bed & Room Fund	\$109.40
629	Endowed Bed & Room Fund	\$1,605.56
630	Endowed Bed & Room Fund	\$818.51
631	Endowed Bed & Room Fund	\$3,201.81
632	Endowed Bed & Room Fund	\$3,721.48
633	Endowed Bed & Room Fund	\$477.87
634	Endowed Bed & Room Fund	\$2,220.99
635	Endowed Bed & Room Fund	\$216.51
636	Endowed Bed & Room Fund	\$1,735.73
637	Endowed Bed & Room Fund	\$2,659.69
638	Endowed Bed & Room Fund	\$724.46
639	Endowed Bed & Room Fund	\$833.44
640	Endowed Bed & Room Fund	\$851.22
641	Endowed Bed & Room Fund	\$1,360.34
642	Endowed Bed & Room Fund	\$700.62
643	Endowed Bed & Room Fund	\$891.08
644	Endowed Bed & Room Fund	\$2,372.60
645	Endowed Bed & Room Fund	\$338.10
646	Endowed Bed & Room Fund	\$1,093.93
647	Endowed Bed & Room Fund	\$592.40
648	Endowed Bed & Room Fund	\$834.41

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
649	Endowed Bed & Room Fund	\$2,396.97
650	Endowed Bed & Room Fund	\$243.25
651	Endowed Bed & Room Fund	\$244.25
652	Endowed Bed & Room Fund	\$986.58
653	Endowed Bed & Room Fund	\$589.00
654	Endowed Bed & Room Fund	\$451.56
655	Endowed Bed & Room Fund	\$30.54
656	Endowed Bed & Room Fund	\$1,738.59
657	Endowed Bed & Room Fund	\$651.21
658	Endowed Bed & Room Fund	(\$1,261.18)
659	Endowed Bed & Room Fund	\$2,163.20
660	Endowed Bed & Room Fund	\$1,184.46
661	Endowed Bed & Room Fund	\$137.57
662	Endowed Bed & Room Fund	\$3,380.84
663	Endowed Bed & Room Fund	\$1,530.00
664	Endowed Bed & Room Fund	\$1,190.44
665	Endowed Bed & Room Fund	\$2,654.17
666	Endowed Bed & Room Fund	\$802.59
667	Endowed Bed & Room Fund	\$450.00
668	Endowed Bed & Room Fund	\$720.77
669	Endowed Bed & Room Fund	\$1,798.42
670	Endowed Bed & Room Fund	\$1,744.49
671	Endowed Bed & Room Fund	\$496.53
672	Endowed Bed & Room Fund	\$2,546.43
673	Endowed Bed & Room Fund	\$555.89
674	Endowed Bed & Room Fund	\$629.73
675	Endowed Bed & Room Fund	\$795.28
676	Endowed Bed & Room Fund	\$3,260.08
677	Endowed Bed & Room Fund	\$53.05
678	Endowed Bed & Room Fund	\$165.72
679	Endowed Bed & Room Fund	\$1,218.08
680	Endowed Bed & Room Fund	\$731.00
681	Endowed Bed & Room Fund	\$1,692.73
682	Endowed Bed & Room Fund	\$1,119.43
683	Endowed Bed & Room Fund	\$1,813.76
684	Endowed Bed & Room Fund	\$801.53
685	Endowed Bed & Room Fund	\$2,422.31
686	Endowed Bed & Room Fund	\$2,899.49
687	Endowed Bed & Room Fund	\$912.15
688	Endowed Bed & Room Fund	\$1,614.28
689	Endowed Bed & Room Fund	\$500.64
690	Endowed Bed & Room Fund	\$157.65
691	Endowed Bed & Room Fund	\$75.00
692	Endowed Bed & Room Fund	\$545.65
693	Endowed Bed & Room Fund	\$693.43
694	Endowed Bed & Room Fund	\$661.44
695	Endowed Bed & Room Fund	\$150.00
696	Endowed Bed & Room Fund	\$125.00
697	Endowed Bed & Room Fund	\$1,466.55
698	Endowed Bed & Room Fund	\$1,266.77
699	Endowed Bed & Room Fund	\$1,396.57
700	Endowed Bed & Room Fund	\$75.69
701	Endowed Bed & Room Fund	\$348.00
702	Endowed Bed & Room Fund	\$418.68

GREENWICH HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
703	Endowed Bed & Room Fund	\$586.83
704	Endowed Bed & Room Fund	\$2,840.76
705	Endowed Bed & Room Fund	\$299.57
706	Endowed Bed & Room Fund	\$432.89
707	Endowed Bed & Room Fund	\$385.00
708	Endowed Bed & Room Fund	\$951.83
709	Endowed Bed & Room Fund	\$321.63
710	Endowed Bed & Room Fund	\$709.32
711	Endowed Bed & Room Fund	\$339.80
712	Endowed Bed & Room Fund	\$1,972.00
713	Endowed Bed & Room Fund	\$2,357.10
714	Endowed Bed & Room Fund	\$557.67
715	Endowed Bed & Room Fund	\$238.38
716	Endowed Bed & Room Fund	\$1,088.87
717	Endowed Bed & Room Fund	\$886.70
718	Endowed Bed & Room Fund	\$2,600.00
719	Endowed Bed & Room Fund	\$2,438.81
720	Endowed Bed & Room Fund	\$2,317.85
721	Free Bed Fund	\$945.39
722	Free Bed Fund	\$500.00
723	Free Bed Fund	\$175.00
724	Free Bed Fund	\$175.00
725	Free Bed Fund	\$945.39
726	Free Bed Fund	\$175.00
727	Free Bed Fund	\$175.00
728	Free Bed Fund	\$175.00
729	Free Bed Fund	\$175.00
730	Free Bed Fund	\$175.00
731	Free Bed Fund	\$175.00
732	Free Bed Fund	\$175.00
733	Free Bed Fund	\$675.00
734	Free Bed Fund	\$175.00
735	Free Bed Fund	\$175.00
736	Free Bed Fund	\$175.00
737	Free Bed Fund	\$175.00
738	Free Bed Fund	\$175.00
739	Free Bed Fund	\$175.00
740	Free Bed Fund	\$175.00
741	Free Bed Fund	\$175.00
742	Free Bed Fund	\$175.00
743	Free Bed Fund	\$945.39
744	Free Bed Fund	\$675.00
745	Free Bed Fund	\$175.00
746	Free Bed Fund	\$825.00
747	Free Bed Fund	\$175.00
748	Free Bed Fund	\$175.00
749	Free Bed Fund	\$175.00
750	Free Bed Fund	\$175.00
751	Free Bed Fund	\$175.00
752	Free Bed Fund	\$175.00
753	Free Bed Fund	\$175.00
754	Free Bed Fund	\$175.00
755	Free Bed Fund	\$175.00
756	Free Bed Fund	\$175.00

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
757	Free Bed Fund	\$175.00
758	Free Bed Fund	\$175.00
759	Free Bed Fund	\$175.00
760	Free Bed Fund	\$175.00
761	Free Bed Fund	\$175.00
762	Free Bed Fund	\$175.00
763	Free Bed Fund	\$175.00
764	Free Bed Fund	\$175.00
765	Free Bed Fund	\$945.39
766	Free Bed Fund	\$175.00
767	Free Bed Fund	\$175.00
768	Free Bed Fund	\$175.00
769	Free Bed Fund	\$175.00
770	Free Bed Fund	\$175.00
771	Free Bed Fund	\$175.00
772	Free Bed Fund	\$175.00
773	Free Bed Fund	\$175.00
774	Free Bed Fund	\$175.00
775	Free Bed Fund	\$175.00
776	Free Bed Fund	\$175.00
777	Free Bed Fund	\$675.00
778	Free Bed Fund	\$175.00
779	Free Bed Fund	\$175.00
780	Free Bed Fund	\$115.00
781	Free Bed Fund	\$175.00
782	Free Bed Fund	\$175.00
783	Free Bed Fund	\$175.00
784	Free Bed Fund	\$945.39
785	Free Bed Fund	\$175.00
786	Free Bed Fund	\$175.00
787	Free Bed Fund	\$175.00
788	Free Bed Fund	\$175.00
789	Free Bed Fund	\$175.00
790	Free Bed Fund	\$175.00
791	Free Bed Fund	\$175.00
792	Free Bed Fund	\$175.00
793	Free Bed Fund	\$175.00
794	Free Bed Fund	\$175.00
795	Free Bed Fund	\$175.00
796	Free Bed Fund	\$175.00
797	Free Bed Fund	\$175.00
798	Free Bed Fund	\$945.39
799	Free Bed Fund	\$175.00
800	Free Bed Fund	\$175.00
801	Free Bed Fund	\$175.00
802	Free Bed Fund	\$1,175.00
803	Free Bed Fund	\$175.00
804	Free Bed Fund	\$175.00
805	Free Bed Fund	\$175.00
806	Free Bed Fund	\$175.00
807	Free Bed Fund	\$175.00
808	Free Bed Fund	\$620.39
809	Free Bed Fund	\$175.00
810	Free Bed Fund	\$1,270.39

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ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
811	Free Bed Fund	\$175.00
812	Free Bed Fund	\$175.00
813	Free Bed Fund	\$175.00
814	Free Bed Fund	\$175.00
815	Free Bed Fund	\$945.39
816	Free Bed Fund	\$175.00
817	Free Bed Fund	\$175.00
818	Free Bed Fund	\$175.00
819	Free Bed Fund	\$945.39
820	Free Bed Fund	\$175.00
821	Free Bed Fund	\$175.00
822	Free Bed Fund	\$175.00
823	Free Bed Fund	\$175.00
824	Free Bed Fund	\$175.00
825	Free Bed Fund	\$945.39
826	Free Bed Fund	\$175.00
827	Free Bed Fund	\$175.00
828	Free Bed Fund	\$175.00
829	Free Bed Fund	\$175.00
830	Free Bed Fund	\$945.39
831	Free Bed Fund	\$945.39
832	Free Bed Fund	\$175.00
833	Free Bed Fund	\$175.00
834	Free Bed Fund	\$620.39
835	Free Bed Fund	\$175.00
836	Free Bed Fund	\$945.39
837	Free Bed Fund	\$175.00
838	Free Bed Fund	\$175.00
839	Free Bed Fund	\$175.00
840	Free Bed Fund	\$175.00
841	Free Bed Fund	\$945.39
842	Free Bed Fund	\$175.00
843	Free Bed Fund	\$175.00
844	Free Bed Fund	\$500.00
845	Free Bed Fund	\$175.00
846	Free Bed Fund	\$175.00
847	Free Bed Fund	\$175.00
848	Free Bed Fund	\$175.00
849	Free Bed Fund	\$175.00
850	Free Bed Fund	\$675.00
851	Free Bed Fund	\$175.00
852	Free Bed Fund	\$500.00
853	Free Bed Fund	\$1,120.39
854	Free Bed Fund	\$620.39
855	Free Bed Fund	\$500.00
856	Free Bed Fund	\$675.00
857	Free Bed Fund	\$620.39
858	Free Bed Fund	\$175.00
859	Free Bed Fund	\$175.00
860	Free Bed Fund	\$325.00
861	Free Bed Fund	\$175.00
862	Free Bed Fund	\$175.00
863	Free Bed Fund	\$175.00
864	Free Bed Fund	\$945.39

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
865	Free Bed Fund	\$1,120.39
866	Free Bed Fund	\$175.00
867	Free Bed Fund	\$175.00
868	Free Bed Fund	\$175.00
869	Free Bed Fund	\$175.00
870	Free Bed Fund	\$945.39
871	Free Bed Fund	\$175.00
872	Free Bed Fund	\$175.00
873	Free Bed Fund	\$500.00
874	Free Bed Fund	\$175.00
875	Free Bed Fund	\$1,715.78
876	Free Bed Fund	\$175.00
877	Free Bed Fund	\$175.00
878	Free Bed Fund	\$175.00
879	Free Bed Fund	\$945.39
880	Free Bed Fund	\$770.39
881	Free Bed Fund	\$175.00
882	Free Bed Fund	\$175.00
883	Free Bed Fund	\$350.00
884	Free Bed Fund	\$175.00
885	Free Bed Fund	\$175.00
886	Free Bed Fund	\$175.00
887	Free Bed Fund	\$175.00
888	Free Bed Fund	\$175.00
889	Free Bed Fund	\$175.00
890	Free Bed Fund	\$175.00
891	Free Bed Fund	\$175.00
892	Free Bed Fund	\$175.00
893	Free Bed Fund	\$175.00
894	Free Bed Fund	\$175.00
895	Free Bed Fund	\$175.00
896	Free Bed Fund	\$175.00
897	Free Bed Fund	\$175.00
898	Free Bed Fund	\$445.39
899	Free Bed Fund	\$175.00
900	Free Bed Fund	\$1,890.78
901	Free Bed Fund	\$175.00
902	Free Bed Fund	\$175.00
903	Free Bed Fund	\$825.00
904	Free Bed Fund	\$175.00
905	Free Bed Fund	\$175.00
906	Free Bed Fund	\$175.00
907	Free Bed Fund	\$945.39
908	Free Bed Fund	\$175.00
909	Free Bed Fund	\$945.39
910	Free Bed Fund	\$945.39
911	Free Bed Fund	\$175.00
912	Free Bed Fund	\$175.00
913	Free Bed Fund	\$175.00
914	Free Bed Fund	\$175.00
915	Free Bed Fund	\$445.39
916	Free Bed Fund	\$175.00
917	Free Bed Fund	\$175.00
918	Free Bed Fund	\$175.00

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
919	Free Bed Fund	\$175.00
920	Free Bed Fund	\$175.00
921	Free Bed Fund	\$175.00
922	Free Bed Fund	\$175.00
923	Free Bed Fund	\$175.00
924	Free Bed Fund	\$175.00
925	Free Bed Fund	\$175.00
926	Free Bed Fund	\$175.00
927	Free Bed Fund	\$175.00
928	Free Bed Fund	\$175.00
929	Free Bed Fund	\$175.00
930	Free Bed Fund	\$945.39
931	Free Bed Fund	\$175.00
932	Free Bed Fund	\$175.00
933	Free Bed Fund	\$1,120.39
934	Free Bed Fund	\$175.00
935	Free Bed Fund	\$175.00
936	Free Bed Fund	\$175.00
937	Free Bed Fund	\$175.00
938	Free Bed Fund	\$175.00
939	Free Bed Fund	\$175.00
940	Free Bed Fund	\$175.00
941	Free Bed Fund	\$175.00
942	Free Bed Fund	\$500.00
943	Free Bed Fund	\$945.39
944	Free Bed Fund	\$175.00
945	Free Bed Fund	\$175.00
946	Free Bed Fund	\$175.00
947	Free Bed Fund	\$175.00
948	Free Bed Fund	\$175.00
949	Free Bed Fund	\$175.00
950	Free Bed Fund	\$175.00
951	Free Bed Fund	\$175.00
952	Free Bed Fund	\$175.00
953	Free Bed Fund	\$175.00
954	Free Bed Fund	\$175.00
955	Free Bed Fund	\$175.00
956	Free Bed Fund	\$175.00
957	Free Bed Fund	\$175.00
958	Free Bed Fund	\$175.00
959	Free Bed Fund	\$175.00
960	Free Bed Fund	\$175.00
961	Free Bed Fund	\$175.00
962	Free Bed Fund	\$175.00
963	Free Bed Fund	\$175.00
964	Free Bed Fund	\$175.00
965	Free Bed Fund	\$945.39
966	Free Bed Fund	\$175.00
967	Free Bed Fund	\$945.39
968	Free Bed Fund	\$175.00
969	Free Bed Fund	\$1,295.39
970	Free Bed Fund	\$175.00
971	Free Bed Fund	\$175.00
972	Free Bed Fund	\$175.00

GREENWICH HOSPITAL		
ANNUAL REPORTING		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1.Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
973	Free Bed Fund	\$945.39
974	Free Bed Fund	\$325.00
975	Free Bed Fund	\$500.00
976	Free Bed Fund	\$175.00
977	Free Bed Fund	\$175.00
978	Free Bed Fund	\$945.39
979	Free Bed Fund	\$175.00
980	Free Bed Fund	\$175.00
981	Free Bed Fund	\$175.00
982	Free Bed Fund	\$175.00
983	Free Bed Fund	\$175.00
984	Free Bed Fund	\$175.00
985	Free Bed Fund	\$175.00
986	Free Bed Fund	\$175.00
987	Free Bed Fund	\$175.00
988	Free Bed Fund	\$175.00
989	Free Bed Fund	\$175.00
990	Free Bed Fund	\$175.00
991	Free Bed Fund	\$175.00
992	Free Bed Fund	\$175.00
993	Free Bed Fund	\$175.00
994	Free Bed Fund	\$1,000.00
995	Free Bed Fund	\$175.00
996	Free Bed Fund	\$175.00
997	Free Bed Fund	\$945.39
998	Free Bed Fund	\$620.39
999	Free Bed Fund	\$945.39
1000	Free Bed Fund	\$175.00
1001	Free Bed Fund	\$175.00
1002	Free Bed Fund	\$175.00
1003	Free Bed Fund	\$500.00
1004	Free Bed Fund	\$175.00
1005	Free Bed Fund	\$175.00
1006	Free Bed Fund	\$350.00
1007	Free Bed Fund	\$500.00
1008	Free Bed Fund	\$945.39
1009	Free Bed Fund	\$500.00
1010	Free Bed Fund	\$175.00
1011	Free Bed Fund	\$500.00
1012	Free Bed Fund	\$175.00
1013	Free Bed Fund	\$175.00
1014	Free Bed Fund	\$175.00
1015	Free Bed Fund	\$175.00
1016	Free Bed Fund	\$175.00
1017	Free Bed Fund	\$175.00
1018	Free Bed Fund	\$175.00
1019	Free Bed Fund	\$175.00
1020	Free Bed Fund	\$175.00
1021	Free Bed Fund	\$175.00
1022	Free Bed Fund	\$175.00
1023	Free Bed Fund	\$945.39
1024	Free Bed Fund	\$175.00
1025	Free Bed Fund	\$175.00
1026	Free Bed Fund	\$500.00

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
1027	Free Bed Fund	\$1,120.39
1028	Free Bed Fund	\$175.00
1029	Free Bed Fund	\$175.00
1030	Free Bed Fund	\$175.00
1031	Free Bed Fund	\$175.00
1032	Free Bed Fund	\$175.00
1033	Free Bed Fund	\$175.00
1034	Free Bed Fund	\$175.00
1035	Free Bed Fund	\$175.00
1036	Free Bed Fund	\$175.00
1037	Free Bed Fund	\$175.00
1038	Free Bed Fund	\$175.00
1039	Free Bed Fund	\$1,000.00
1040	Free Bed Fund	\$175.00
1041	Free Bed Fund	\$175.00
1042	Free Bed Fund	\$500.00
1043	Free Bed Fund	\$1,295.39
1044	Free Bed Fund	\$500.00
1045	Free Bed Fund	\$175.00
1046	Free Bed Fund	\$175.00
1047	Free Bed Fund	(\$175.00)
1048	Free Bed Fund	\$175.00
1049	Free Bed Fund	\$175.00
1050	Free Bed Fund	\$175.00
1051	Free Bed Fund	\$945.39
1052	Free Bed Fund	\$175.00
1053	Free Bed Fund	\$175.00
1054	Free Bed Fund	\$175.00
1055	Free Bed Fund	\$500.00
1056	Free Bed Fund	\$175.00
1057	Free Bed Fund	\$175.00
1058	Free Bed Fund	\$175.00
1059	Free Bed Fund	\$175.00
1060	Free Bed Fund	\$175.00
1061	Free Bed Fund	\$175.00
1062	Free Bed Fund	\$175.00
1063	Free Bed Fund	\$175.00
1064	Free Bed Fund	\$175.00
1065	Free Bed Fund	\$500.00
1066	Free Bed Fund	\$445.39
1067	Free Bed Fund	\$175.00
1068	Free Bed Fund	\$175.00
1069	Free Bed Fund	\$945.39
1070	Free Bed Fund	\$175.00
1071	Free Bed Fund	\$175.00
1072	Free Bed Fund	\$175.00
1073	Free Bed Fund	\$175.00
1074	Free Bed Fund	\$175.00
1075	Free Bed Fund	\$175.00
1076	Free Bed Fund	\$175.00
1077	Free Bed Fund	\$175.00
1078	Free Bed Fund	\$175.00
1079	Free Bed Fund	\$175.00
1080	Free Bed Fund	\$175.00

GREENWICH HOSPITAL		
ANNUAL REPORTING		
FISCAL YEAR 2011		
REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
1081	Free Bed Fund	\$175.00
1082	Free Bed Fund	\$175.00
1083	Free Bed Fund	\$175.00
1084	Free Bed Fund	\$945.39
1085	Free Bed Fund	\$175.00
1086	Free Bed Fund	\$175.00
1087	Free Bed Fund	\$1,120.39
1088	Free Bed Fund	\$175.00
1089	Free Bed Fund	\$175.00
1090	Free Bed Fund	\$175.00
1091	Free Bed Fund	\$620.39
1092	Free Bed Fund	\$350.00
1093	Free Bed Fund	\$175.00
1094	Free Bed Fund	\$175.00
1095	Free Bed Fund	\$175.00
1096	Free Bed Fund	\$175.00
1097	Free Bed Fund	\$175.00
1098	Free Bed Fund	\$175.00
1099	Free Bed Fund	\$175.00
1100	Free Bed Fund	\$175.00
1101	Free Bed Fund	\$175.00
1102	Free Bed Fund	\$175.00
1103	Free Bed Fund	\$175.00
1104	Free Bed Fund	\$175.00
1105	Free Bed Fund	\$175.00
1106	Free Bed Fund	\$620.39
1107	Free Bed Fund	\$175.00
1108	Free Bed Fund	\$175.00
1109	Free Bed Fund	\$175.00
1110	Free Bed Fund	\$175.00
1111	Kennedy - Duncan Fund	\$250.00
1112	Kennedy - Duncan Fund	\$445.00
1113	Kennedy - Duncan Fund	\$150.00
1114	Kennedy - Duncan Fund	\$200.00
1115	Kennedy - Duncan Fund	\$2,606.66
1116	Kennedy - Duncan Fund	\$509.38
1117	Kennedy - Duncan Fund	\$160.00
1118	Kennedy - Duncan Fund	\$321.66
1119	Kennedy - Duncan Fund	\$99.00
1120	Kennedy - Duncan Fund	\$2,394.00
1121	Kennedy - Duncan Fund	\$371.66
1122	Margaret Yaeger Fund	\$50.00
1123	Margaret Yaeger Fund	\$1,381.10
1124	Margaret Yaeger Fund	\$281.20
1125	Margaret Yaeger Fund	\$593.00
1126	Margaret Yaeger Fund	\$693.00
1127	Margaret Yaeger Fund	\$404.00
1128	Margaret Yaeger Fund	\$200.79
1129	Margaret Yaeger Fund	\$2,198.85
1130	Margaret Yaeger Fund	\$715.76
1131	Margaret Yaeger Fund	\$116.22
1132	Margaret Yaeger Fund	\$721.80
1133	Margaret Yaeger Fund	\$405.00
1134	Free Care Funded By Operations	(\$1,259,888.00)

GREENWICH HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		1,257
2. A. Number of Patients receiving Hospital Bed Fund Grants		1,134
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$632,893.03
Grand Total		\$632,893.03

GREENWICH HOSPITAL					
ANNUAL REPORTING					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Endowed Bed & Room Endowment	\$146,000.00	\$67,700.00	\$0.00	\$67,700.00
	Homecare Fund	\$13,100.00	\$0.00	\$0.00	\$0.00
	Mary Fund for Cancer	\$1,100.00	\$1,100.00	\$0.00	\$1,100.00
	Pediatric Fund	\$73,300.00	\$19,300.00	\$0.00	\$19,300.00
	The May Day Fund	\$22,000.00	\$0.00	\$0.00	\$0.00
	Genevieve & George Funston Endowment	\$49,000.00	\$2,000.00	\$0.00	\$2,000.00
	Kennedy-Duncan Fund	\$328,000.00	\$13,000.00	\$5,000.00	\$8,000.00
	Margaret Yeager Fund	\$500.00	(\$900.00)	\$0.00	\$0.00
	Mary & Martin Weinmann Endowment	\$43,300.00	\$2,300.00	\$0.00	\$2,300.00
	Munitalp Foundation Endowment	\$3,100.00	\$1,500.00	\$0.00	\$1,500.00
	Wood Fund for Hospice Endowment	\$223,000.00	\$3,000.00	\$0.00	\$3,000.00
	Belding Endowment	\$9,370,000.00	\$696,000.00	\$192,000.00	\$504,000.00
	Aids Fund	\$21,000.00	\$0.00	\$0.00	\$0.00
	Arthritis Fund	\$126,000.00	(\$1,000.00)	\$0.00	\$0.00
	Financial Assistance Fund	\$4,600.00	\$0.00	\$0.00	\$0.00
	Adolescent Medicine Free Care Fund	\$50,000.00	\$0.00	\$0.00	\$0.00
	Outpatient Department Fund	\$18,000.00	\$0.00	\$0.00	\$0.00
	Total Bed Funds :	\$10,492,000.00	\$804,000.00	\$197,000.00	\$608,900.00

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	When each self-pay account reaches the end of the 120-day billing cycle, and a payment arrangement has not been established, and the account is not being considered for charity or Free Bed Funds, it is referred to the collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Monthly or bi-monthly statements are received from collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and the hospital cuts a check to the agency.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	14.30%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	Century Financial Services, Inc
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	When each self-pay account reaches the end of the 120-day billing cycle, and a payment arrangement has not been established, and the account is not being considered for charity or Free Bed Funds, it is referred to the collection agency. Sole primary agency after Dec. 31, 2010.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monthly or bi-monthly statements are received from collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and the hospital cuts a check to the agency.

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.50%
	Collection Agent	
1	Collection Agent Name	Peters & Dean Collection Services, Inc.
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	When each self-pay account reaches the end of the 120-day billing cycle, and a payment arrangement has not been established, and the account is not being considered for charity or Free Bed Funds, it is referred to the collection agency. No addl acnts after Dec 31, 2010.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monthly or bi-monthly statements are received from collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and the hospital cuts a check to the agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	47.80%
	Collection Agent	
1	Collection Agent Name	RTR Financial Services, Inc. (Secondary Agency)
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Accounts returned as uncollectable by the primary agencies are selectively assigned to the secondary agency, if declared appropriate. As of Dec, 31, no new accounts are assigned.

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monthly or bi-monthly statements are received from collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and the hospital cuts a check to the agency.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.40%
	Collection Agent	
1	Collection Agent Name	Transcontinental Credit & Collection Corp.
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	When each self-pay account reaches the end of the 120-day billing cycle, and a payment arrangement has not been established, and the account is not being considered for charity or Free Bed Funds, it is referred to the collection agency. No primary accnts after Dec 31, 2010, but all sec. accounts are
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Monthly or bi-monthly statements are received from collection agency. Each account is listed that was collected with the % amount owed the agency. Greenwich Hospital has a gross payment arrangement: monies are sent to the hospital and the hospital cuts a check to the agency. Primary rate had been 57
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.75%

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President & CEO	\$1,480,485	\$232,009	\$1,712,494
2.	Executive VP & COO	\$666,818	\$106,236	\$773,054
3.	Senior VP & CFO	\$504,454	\$213,434	\$717,888
4.	Physician - Emergency Medicine	\$560,531	\$40,202	\$600,733
5.	Director, Pathology	\$536,625	\$51,479	\$588,104
6.	Pathologist	\$518,203	\$47,830	\$566,033
7.	Pathologist	\$513,588	\$49,345	\$562,933
8.	Pathologist	\$498,066	\$57,017	\$555,083
9.	Pathologist	\$495,324	\$53,458	\$548,782
10.	SVP- Health System Development	\$369,834	\$140,173	\$510,007
	Grand Total:	\$6,143,928	\$991,183	\$7,135,111

**GREENWICH HOSPITAL
ANNUAL REPORTING
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . GREENWICH HEALTH CARE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . 2015 MAIN STREET LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . 900 KING STREET ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . GH REALTY, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . GREENWICH AMBULATORY SURGERY CENTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . GREENWICH CLINICAL PATHOLOGY ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . GREENWICH ENDOSCOPY CENTER LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . GREENWICH FERTILITY AND IVF CENTER, P.C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . GREENWICH HEALTH SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . GREENWICH INTEGRATIVE MEDICINE, P. C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . GREENWICH OCCUPATIONAL HEALTH SERVICES OF NEW JERSEY, P.C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . GREENWICH OCCUPATIONAL HEALTH SERVICES, P.C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M . GREENWICH PATHOLOGY ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N . GREENWICH PEDIATRIC SERVICES, P. C.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O . ORTHOPAEDIC & NEUROSURGERY CENTER OF GREENWICH, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P . PERRYRIDGE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

**GREENWICH HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
	THE GREENWICH HOSPITAL ENDOWMENT FUND, INC, FORMERLY GREENWICH FOUNDATION			
Q .				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
	YALE-NEW HAVE HEALTH SERVICES CORP (YNHHSC)			
R .				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**GREENWICH HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

GREENWICH HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,996	2,844	848	42%
2.	Number of Approved Applicants	1,996	2,844	848	42%
3.	Total Charges (A)	\$22,408,675	\$21,664,651	(\$744,024)	-3%
	Average Charges	\$11,227	\$7,618	(\$3,609)	-32%
4.	Ratio of Cost to Charges (RCC)	0.331683	0.3113	(0.020383)	-6%
	Total Cost	\$7,432,577	\$6,744,206	(\$688,371)	-9%
	Average Cost	\$3,724	\$2,371	(\$1,352)	-36%
5.	Charity Care - Inpatient Charges	\$5,352,333	\$4,378,687	(\$973,646)	-18%
6.	Charity Care - Outpatient Emergency Department Charges	2,508,190	7,743,583	5,235,393	209%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	14,548,152	9,542,381	(5,005,771)	-34%
	Total Charges (A)	\$22,408,675	\$21,664,651	(\$744,024)	-3%
8.	Charity Care - Number of Patient Days	1,788	2,049	261	15%
9.	Charity Care - Number of Discharges	564	618	54	10%
10.	Charity Care - Number of Outpatient ED Visits	5,944	5,466	(478)	-8%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	20,613	15,183	(5,430)	-26%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	1,524	1,257	(267)	-18%
2.	Number of Approved Applicants	1,458	1,134	(324)	-22%
3.	Total Charges (B)	\$579,838	\$632,893	\$53,055	9%
	Average Charges	\$398	\$558	\$160	40%
4.	Ratio of Cost to Charges (RCC)	0.331683	0.3113	(0.020383)	-6%
	Total Cost	\$192,322	\$197,020	\$4,697	2%
	Average Cost	\$132	\$174	\$42	32%
5.	Bed Funds - Inpatient Charges	\$257,322	\$298,987	\$41,665	16%
6.	Bed Funds - Outpatient Emergency Department Charges	233,846	186,700	(47,146)	-20%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	88,670	147,206	58,536	66%
	Total Charges (B)	\$579,838	\$632,893	\$53,055	9%
8.	Bed Funds - Number of Patient Days	1,752	585	(1,167)	-67%
9.	Bed Funds - Number of Discharges	381	176	(205)	-54%
10.	Bed Funds - Number of Outpatient ED Visits	460	476	16	3%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	488	590	102	21%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					